

AUG 09 2004

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On 4 AUGUST 2004

TOWNSEND and TOWNSEND and CREW LLP

By:

*Nancy Pizzo*  
NANCY PIZZO

PATENT

Attorney Docket No.: 019916-004100US  
Client Ref. No.: 0010C-US

Customer No. 20350

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

STEPHEN A. EMPEDOCLES et al.

Application No.: 09/827,256

Filed: April 5, 2001

For: SPATIAL POSITIONING OF  
SPECTRALLY LABELED BEADS

Confirmation No. 4344

Examiner: SMITH, Zandra V.

T.C./Art Unit: 2876

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed May 6, 2004, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

09/09/2004 SDAVIS 00000004 201430 09827256

01 FC:2201 172.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09227256

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	54	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	54 minus 20=	34
INDEPENDENT CLAIMS	5 minus 3=	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	23	54	0
	Independent	5	5	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

8/10/04

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	23	54	4
	Independent	9	5	4
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total			
	Independent			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	306
X40=	20
+135=	
TOTAL	241

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	172
+135=	
TOTAL	172
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	